

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>					
Full Name of Payee <b>KORTEN MEDIA, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>06 / 24 / 2015</b>		
Mailing Address <b>927 CUP LEAF HOLLY COURT</b>			Amount <span style="border: 1px solid black; padding: 2px;">2600.00</span>		
City <b>GREAT FALLS</b>		State <b>VA</b>	Zip Code <b>22066-1223</b>		Transaction ID : <b>SE24.188</b>
Purpose of Expenditure <b>FULLFILLMENT ITEMS - AUDIO BOOKS</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>06 / 24 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1000551.41</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>		
Mailing Address			Amount <span style="border: 1px solid black; padding: 2px;"></span>		
City		State	Zip Code		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>
Purpose of Expenditure		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">2600.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Robert Frank</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>12 / 28 / 2015</b>		